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TREASURE STATE HEALTH

Vol. XIX, No. 5 OFFICIAL BULLETIN — STATE BOARD OF HEALTH, HELENA, MONTANA NOVEMBER, 1969

A Review of Findings In . . .
A TEN-YEAR REPORT ON MONTANA BABIES BORN WITH CLEFT PALATE

"Cleft Palate in Montana: A 10-Year Report" by Venus Tretsven Bardanouve was published in the July 1969 Cleft Palate Journal.* This is the report of a study made by Mrs. Bardanouve on the babies born in Montana with clefts between January 1, 1955 and January 1, 1965. She is presently serving as a consultant in Studies and Research, Cleft Palate Program, Montana State Department of Health, and from July 1959 to August 1967, was the coordinator of the Program.**

She said in addition to the case records, other pertinent material was provided by the Division of Records and Statistics.

In reviewing the article it is noted that 363 live births of babies with clefts occurred during this 10-year period, 24 of them died soon after birth, six moved out of the State immediately, leaving 333 known cases with 289 or 86.7% registered in the Department's program.

There were 42 or 11.5% who died before four years of age. Fourteen of these deaths occurred within one week of birth, six between one week and one month of age and 15 died between one month and six months of age and seven between six weeks and four years of age. There were 37 or 88.09% of the 42 babies who died that had other identifiable congenital anomalies which probably contributed to their deaths.

The study shows that cleft-palate-alone is more serious than cleft-lip or cleft-lip-palate. For example, only one third of the total sample had cleft-palate-only, yet almost one-half (45%) of those babies who died had cleft-palate-only.

*"Cleft Palate Journal" Reprint, Vol. 6, No. 3, July 1969, pp 213-220. Permission to review the article in this publication was granted by the author and the editor of the Journal.
**This program is financed by a grant from the Children's Bureau.

Also noted is the fact that information on birth weights is available on 312 of the 363 babies and of this number, 46 or 14.7% were premature, that is they had birth weights of five pounds eight ounces or less—(the definition of prematurity) while there were only 7.5% who were premature among the children born without clefts during this period.

Among the twins (none identical) who were born during this period, there were eight who had clefts and in each instance only one of the pair had a cleft. In four of these eight cases, the lip only was involved, two had cleft-palate-only, and two were clefts-of-both-lip-and-palate.

There were 198 or 54.6% of the total who were males and 42.2% born with only-cleft-palates were also males.

Table 1 shows, clefts occurred in 88 families or 24.2% with a larger per cent of clefts occurring in families of babies with cleft-lip and cleft-lip-palate than with the cleft-palate alone. Distributions of cleft type reported in the families are shown in the table below.

The incidence of live births with clefts by race, in this study as in the one made by Mrs. Bardanouve in June 1966 shows a high incidence among Indian babies, as will be noted in Table 2 below. (One in 282 births of Indian babies as compared with one in 483 Caucasion births.)

Even when the Indian populations are eliminated, the incidence is still one cleft in 486 births in Montana whereas reports from other States show an incidence rate of one cleft in 700 births.

In addition to the high incidence of clefts occurring in the Indian population, another factor influencing the

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TABLE 1. Distributions of cleft type and incidence of clefts reported in family. (Entries are percentages and numbers are in parenthese.)

	cleft palate only N = 121	cleft lip or cleft lip and palate N = 242
per cent of clefts in immediate family or history	20.57% (25)	26.03% (63)
percent of clefts which were immediate family clefts (parents-siblings)	32.00% (8)	44.40% (28)
per cent of immediate family clefts in mother	50.00% (4) (all cleft palate)	7.14% (2) (cleft lip & palate or lip)
per cent of immediate family clefts in father	0.00% (0)	28.57% (8) (all cleft lip and palate)
per cent of immediate family clefts in siblings	50.00% (4) (2 cleft palate)	64.28% (18) (16 or 88% lip or lip and palate)

TABLE 2. Incidence of live births with clefts in Montana listed by race from 1/1/55 to 1/1/65 (by occurrence).

race	birth rate in Montana	number with clefts	incidence ration
Caucasian	156,847	325	1:483
Indian	10,724	38	1:282
Negro	580	0	0
Chinese	65	0	0
Japanese	261	0	0
other	298	0	0
total	168,865	363	1:465

STAFF CHANGES

Gerald T. Luchau has been moved to the Emergency Medical Services Program, from the position he held as Public Health Field Representative beginning in April, 1968. In his former position his headquarters were in Billings and he is now in the Helena office of the State Department of Health.

In his new assignment he is assuming the responsibilities that were previously carried out by Howard Farley. Mr. Luchau has a degree from the University of Montana at Missoula.

Helen J. McTavish has been employed in the Hospital and Medical Facilities Division taking the place of Mary Edna Stevens who is on leave of absence to take postgraduate training. Miss McTavish for the past year has been the acting executive director of the Montana Nurses Association. Her previous experience includes a position of Assistant Director of Nursing Service and Inservice Educational Director at Silver Bow General Hospital in Butte, and Nurse Coordinator at the Boulder Valley School of Practical Nursing in Boulder, Colorado.

Miss McTavish earned a diploma in nursing from St. Lukes School of Nursing in Boise, Idaho and a B.S. degree in nursing at the University of Colorado in Boulder, Colorado.

Replacing Gerald Luchau, **Ronald Hauge** has been employed as a Field Representative and his headquarters are in Billings. He has a B.S. degree in Business Administration from the University of Montana at Missoula.

Cleft Palate Report (Continued)

high incidence of clefts in Montana is the extremely small Negro population. A number of researchers report less clefts among the Negro population, and since Montana has an extremely small Negro population this may be a factor influencing the high incidence of clefts in Montana.

Montana has a relative completeness of reporting and Mrs. Bardanouve thinks it is therefore probably there are more clefts reported in Montana than in other States, thus making the incidence higher.

There was also a larger percentage of mothers in the 40-year-and-over-age group who had babies with clefts than did the younger mothers. More of these babies were born with clefts, and more of them were born with cleft palate.

Other factors such as the effect of altitude on clefting, seasonal occurrance of births, occurrance of cleft-associated problems, adoptions, and the type of clefts not reported on birth certificates were also included in the study.

On request, reprints of the article as published in the Cleft Palate Journal are available without charge from either Mrs. Francis Bardanouve, Harlem, Montana, or the State Department of Health in Helena.

COMBATTING DRUG ABUSE

The American Academy of Pediatrics (A.A.P.) recommends that to combat drug abuse by adolescents, factual material about drugs commonly used by young people should honestly be presented, and a suitable environment should be created to relieve school and family pressures and help youngsters find better challenges.

These among the recommendations made by the AAP in a statement on drug abuse appeared in the July, 1969 issue of **Pediatrics.**

Also recommended was that pediatricians recognize the different motivations for drug abuse by adolescents and further calls on physicians to appreciate the need for confidentiality in treating this problem.

"As with a good many other health problems in adolescents, the pediatrician frequently has a unique, primary opportunity and responsibility as a physician—one in which an atmosphere of trust may be developed, and perhaps a program of total care may result," the statement emphasizes.

Discussing confidentiality, the necessity and helpfulness of informing the youth's parents about a drug abuse problem, especially if drug abuse is a continuing problem, is recognized. However, the Academy indicates that conversations with parents can justifiably be delayed so that the adolescent, with encouragement by the physician, will himself agree to involve his parents. The physician may assist the adolescent in selecting the best time to do this.

Educational Approaches

In evaluating educational approaches to the drug abuse problem, the Academy statement points out that teenagers "consider hypocrisy the greatest sin and frankness is exhalted." Thus ill-founded statements incorporating sensationalism or scare techniques should not be a part of any educational program aimed at combatting drug abuse.

Summarizing the forces which may influence boys and girls of junior high and high school age to take drugs the following possibilities are suggested:

1. **prove their courage by indulging in risk taking**
2. **act out their rebellion and hostility toward society**
3. **facilitate sexual desires and performance**
4. **elevate themselves from loneliness and provide an emotional experience**
5. **attempt to find the meaning of life**

Drug abuse in children and adolescents is a major source of concern to parents, educators, law enforcement agencies and physicians, and it challenges them "all to find more appropriate ways of help for young people who turn to drug abuse for the answer that is not there."

Carbon Monoxide Poisoning Fatal to Miss Wilma Smyth

Miss Wilma Smyth, Medical Social Consultant on the SDH staff, was found dead in her automobile at her ranch near White Sulphur Springs in September. An autopsy revealed death was caused by carbon monoxide poisoning.

Miss Smyth had been employed as a medical social consultant by the Department since September 1957 with her major responsibilities in the Cleft Palate Program and she provided other services in the Crippled Children's Program. Prior to this employment she was a Child Welfare Worker with the State Department of Public Welfare, beginning in April 1946. Before coming to Montana, she held positions in Welfare Departments in California and in the State of Washington.

She received her B.A. degree from the University of California at Berkeley and did some graduate work there and in 1955 received her Master of Social Work degree at the University of Denver.

So far as is known, no relatives survive her.

The families Miss Smyth helped and in whom she was so interested, her co-workers and others who knew and worked with her, regret this tragedy and will miss her and the contributions she made.

SEX AND SEXUALITY EDUCATION A PUBLIC HEALTH COMPONENT

This is the second article in a series on Sex and Sexuality Education included in this publication.

"Sex and sexuality education—positive or negative"—is the only choice youth leaders have today. Children learn about sex and its social, emotional, intellectual and physical factors regardless of the source or its accuracy. They get much of their sex knowledge from each other—fact or fallacy. Even if such information is accurate, the attempts of young people to inform each other usually lacks meaning and the opportunity to provide assistance in the development of desirable attitudes.

Magazines, paperbacks, TV, movies and the comics provide information which may or may not create desirable attitudes. Many of the sources present a distorted picture for young persons as the information may be based upon the unreality and does not prepare them to cope with the complexities of modern living nor make sound decisions and socially acceptable judgments.

Some of the messages the young persons get are direct, some are subtle; some are seen, heard and felt. Some are quiet and some loud and some conspicuous by their absence. Avoidance, rejection, suppression, embarrassment and shock are messages many young people get — all negative.

Attitudes are catching and children are likely to reflect the attitudes of their parents and other adults toward sex and sexuality. If adults look upon sex as a great creative force in life, or regard it as the topic of dubious jokes, their attitudes will be carried over. If discussions of sex and sexuality are not included in the school curricula nor in text books but the structure, placement and functions of the circulatory, digestive, endocrine and other systems of the body are included, how can young people help but feel sex is a subject to be "hushed up"—and that there must be something wrong with it!

Consequently adults need to be alive to their own feelings about sex and sexuality as they guide children and youth. The sharing of attitudes and feelings is just as important as the sharing of information.

Sexuality can never be separated from personality and so sexuality education is one aspect of the guidance young people need in the development of their personalities, in the development of responsible maturity, and in preparation for health and family living. Young people have been treated as though sex does not exist and understandably so because the heritage of present day adults has come out of restrictive puritanical beliefs which brought about endorsed silence and attitudes of sinfulness. Human sex is often considered "nasty" and pregnancy was something to hide. Hence sex knowledge has been withheld until recent years, bringing about the present day necessity to look at sex and sexuality development as more or less a separate entity. It has brought about the need for physicians, nurses, health educators, social workers, family and marriage counselors and others to provide very elementary information and the breakdown of attitudinal barriers before parents can be counseled relative to physical and mental health and the social aspect of marriage, of family planning and venereal disease control.

This placement of sex and sexuality education as a separate entity is unfortunate, but as youth leaders and parents gain more knowledge and become more comfortable and adept, this aspect of education will fall into its proper place as an aspect of health education and personality development.

Steps in the Education Process

The first step in positive sex and sexuality education is the acquisition of knowledge. Children and youth need information about the physiology of the reproductive system, their own bodies and the bodies of the opposite sex. The accompanying chart showing the number of pregnancies reported by girls in the 15-19 age group is an indication that this kind of education is needed at much earlier ages than many adults think necessary. In addition to the dots on the chart, each of which represents 50 pregnancies, it does not show that 12 reported

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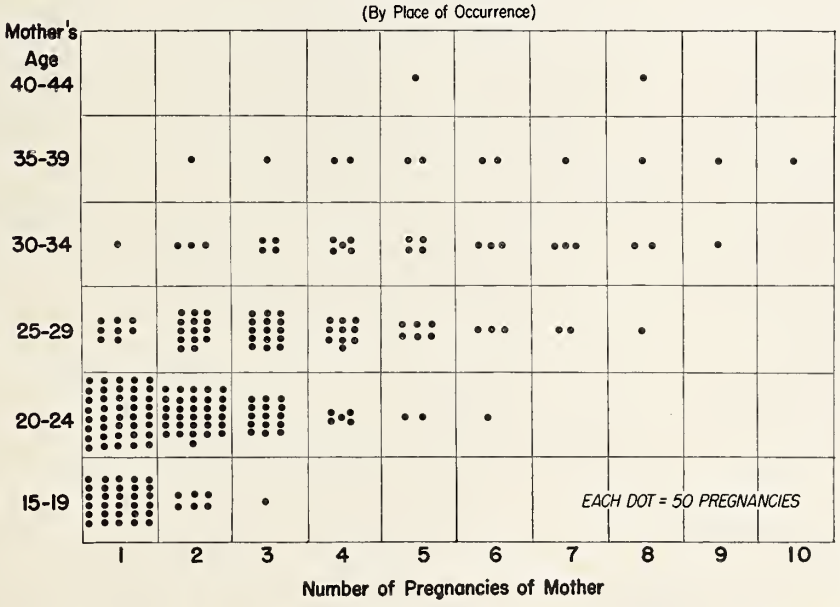
TOTAL NUMBER OF PREGNANCIES BY AGE
MONTANA, 1968
(By Place of Occurrence)



It will be noted on the chart above that the greatest number of pregnancies occur in the 20-24 year age group. (Each dot represents 50 pregnancies reported.) This, of course is fortunate since this age group represents the best maternal risk. However, it is important to note the large number that occur in the 15-19 age group, and in addition there were 10 persons who reported one pregnancy and two persons who each reported two pregnancies who were under 15 years of age.

This graphically focuses attention on the importance of sex and sexuality education, education for parenthood and family living education for young people at an early age.

NEW FILMS

Step Lightly, a 16 mm, color, sound film, graphically illustrates the value of Retro-reflective materials and devices in the prevention of pedestrian and cyclist injury at night. This material reflects car headlight beams at night.

These types of material and devices are shown as they are attached to clothing or accessories, carried as tags or applied to bicycles. At night, a beam of light bounced off this material returns to the source of light with considerable brilliance. In the daytime the material is almost inconspicuous.

Suggested Use: This film is recommended for all persons beginning with the elementary school age right through all age groups, including the aged.

John Deere "Roll Guard" is a 10 minute film promoting the use or roll bars and seat belts to prevent tractor roll-over injuries and fatalities. This film is especially useful in meetings for farmers and future farmers and others who use tractors.

Your Clothing Can Burn, a 13 minute color film illustrating the difference in clothing fabrics so far as their tendency to ignite easily, and points out those that are safest. The common cause of clothing fires are described and informs the viewers how these can be prevented. It gives directions of procedures to follow if clothing does ignite.

Accidentally Yours, a 20 minute color film, points out the importance of reducing home accidents. Emphasis is placed on the prevention of accidents caused by power mowers and the importance of using safety glass in preventing accidents caused by glass breakage. The protection of babies from accident hazzards is also brought out.

Which Do You Choose? This 30 minute film is on fire prevention. It includes a demonstration on what fire is, what causes it and how it can be prevented. The danger points in house wiring and over-loading are dramatically illustrated. The film points up the choice: fire prevention or fire investigation.

Tell Me Where to Turn. This 26 minute film is designed to show how the Information and Referral Services help tear down the walls between people who need help and people whose job it is to give help . . . by bringing them together for the best interests of the community. The purpose of the film is to stimulate understanding and encourage interest which hopefully will lead to action; to develop such a service in a community where none exists, or to strengthen an already existing service to make it meet community needs more efficiently and economically.

Through the vignettes of seven men and women representing a variety of problems, is shown how the trained social worker in the Information and Referral Service can bridge the gap between these people and local health and social welfare agencies which are able and willing to help them. A therapist is found to visit a stroke patient at home . . . the lame son of a migrant farm worker is taken to a crippled children's center to learn to walk . . . a pregnant unwed girl learns about a Salvation Army Home where a caseworker will counsel her. "Meals on Wheels" enable an elderly woman to stay in her own home.

Suggested Use: This film is suitable for use by professional and volunteer health and social welfare workers, physicians, nurses, clergy, civic and community officials, service clubs, educators, business and labor leaders, women's clubs, neighborhood center workers, professional and training programs and the general public.

Accidental Deaths
Montana, January-August 1969
Total Accidental Deaths
By Type of Accident

Type	August	Jan.-Aug.
Home	9	84
Work	11	35
Motor Vehicle	40	206
Public, non Motor-Vehicle	20	108
Unknown	1	12
TOTALS	81	445

Treasure State Health
Published Monthly by
Montana State Board of Health
CORNER ROBERTS AND LOCKEY
HELENA, MONTANA 59601

Prevention of Carbon Monoxide Poisoning Urged

There were 21 Montanans killed by accidental carbon monoxide poisoning as explicitly stated on death certificates during an eight month period last winter. It will be remembered that the 1968-1969 winter was very cold with an unusual amount of deep snow in some parts of the State. These deaths should not have occurred and people are urged to use extreme caution to prevent a similar tragedy this winter.

Carbon monoxide fumes escaping from the exhaust into the body of a car caused three deaths. To prevent this from occurring it is important to keep car windows open wide enough to allow for the circulation of fresh air when driving, and even more important to allow for ample circulation if a car is parked and the motor is left running. Last winter an infant died who had been left asleep on the back seat of a car parked in front of a house and the motor was left running. Even more hazardous is leaving a car parked in an enclosure such as a garage with the motor running. It is also important to be sure that the exhaust system of the vehicle is in good condition.

There were 14 deaths caused by carbon monoxide accumulating in trailers, campers or homes. In some instances windows and ceiling or floor vents had been sealed in an effort to keep the living quarters warm.

Four of the deaths resulted from carbon monoxide fumes created in private dwelling fires.

Sexuality Education (Continued)

pregnancies occurred among girls under 15 years of age in 1968.

Intelligent decisions cannot be made unless they are based on knowledge.

From the factual material choices of behavior can be examined, which brings about the second step which is attitude development. Attitudes can best be developed through open discussions providing the young person with an opportunity to examine his or her own attitudes as well as those of others toward love, sex, marriage, the family, relationships with others, marital and family integrity. The learner then begins to look at self and self in relation to others in the development of whole interpersonal relationships and desirable behaviors.

(To Be Continued)

SECOND CLASS POSTAGE PAID AT HELENA, MONTANA